

Borough of
otherwise



Dunhebed
Launceston

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1953



Health Area Office,
LAUNCESTON, Cornwall.

W. H. P. MINTO, M.B., Ch.B., D.P.H.
Medical Officer of Health.



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Cornwall

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BOROUGH OF DUNHEVED otherwise LAUNCESTON

Members of the Public Health Committee, 1953

The Worshipful the Mayor Launceston, S.L. PETER
Councillor W.F. HENDER (Chairman) Councillor C.H. ROBINS, (Vice Chairman)
Alderman W.E. MILLER Alderman R. GREGG
Councillor T. Hicks Councillor Mrs K.A. KEAST
Councillor C.J. Moore

Public Health Officers of the Local Authority:

Medical Officer of Health:

W.H.P. MINTO, M.B., ChB., D.P.H.

also holds appointments of:

Medical Officer of Health	Launceston Rural District Council
	Bude/Stratton Urban District Council
	Stratton Rural District Council
	Camelford Rural District Council
Assistant County Medical Officer, Area No.6	Cornwall County Council
School Medical Officer,	Cornwall County Council

SANITARY INSPECTOR:

D. H. TILL, M.S.I.A.

SUMMARY OF VITAL STATISTICS

Area (in acres)	2182
Population	4623
No. of separate Dwellings occupied	1405
Rateable Value, 1953	£43,409
Product of Penny Rate	£172.16.7.554d

LIVE BIRTHS

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1000</u> <u>estimated population</u>
Legitimate	54	26	28	12.33
Illegitimate	3	1	2	
<u>STILLBIRTHS</u>	1	1	-	.22

DEATHS (all causes) 95 40 55 20.54

Puerperal and post abortive	NIL
Sepsis	NIL
Other Puerperal causes	NIL

INFANT MORTALITY

(Deaths under 1 yr. per 1000 live births) NIL

	<u>Male</u>	<u>Female</u>	<u>Total</u>
DEATHS from Cancer (all ages)	2	7	9
DEATHS from Measles (all ages)		N I L	
DEATHS from Whooping Cough (all ages)		N I L	
DEATHS from Diarrhoea (under 2 years)		N I L	

To the Mayor, Aldermen and Councillors of the
Borough of Dunheved, otherwise Launceston

Mr Mayor, Aldermen, Mrs Keast and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Borough for the year 1953.

The health of the people in the Borough, as far as can be judged by vital statistics has remained satisfactory. Full details are set out on pages 5 and 6 of the report and comparisons are made of the standardised rates for the Borough and those for England and Wales. The table on page 7 once again shows the four main causes of death to be Heart Disease, Cancer, Intra Cranial Lesion, that is Cerebral Haemorrhage and Bronchitis, all diseases which, for the most part, affect people in the later decades of life.

To pass on to infectious diseases. An epidemic of Measles occurred in the early months of the year, 164 cases being notified. Whooping Cough followed with 28 cases, and once again there were no cases of Smallpox, Diphtheria, Enteric Fever or Poliomyelitis.

One can justifiably conclude then that the health of the Borough in 1953 was satisfactory.

As regards sanitary circumstances, details are given in the report (Section C) and there has been no change of note during the year.

It will be seen from Section "D" that the building programme continues and here I should like to thank the Council and, in particular, the Chairman of the Housing Committee, for the readiness with which they invariably consider "medical grounds" when applications for new houses are dealt with. In this connection, perhaps, I should mention that the Tuberculosis Rate is higher than it should be, and I feel that this underlines the urgency for action in regard to Slum Clearance, for this disease is always encouraged in its spread by insanitary housing conditions.

The Council is very much alive to this need and the Redevelopment Committee will soon consider a detailed plan of the Redevelopment Area which is being prepared by the County Planning Officer for Cornwall. It is to be hoped that when the scheme is submitted to the Minister, permission to proceed will be granted at an early date so that the inhabitants of these squalid homes can be rehoused in decent houses. In the meantime the Council is making a practice of dealing with individual unfit houses when families are rehoused.

I wish to place on record my gratitude for the co-operation I have received from the General Medical Practitioners in the Borough and my thanks to Mr D.H.Till, the Council's Sanitary Inspector, who has given me every assistance throughout a difficult year and in the preparation of this report. During most of the year, the Council has had no Surveyor and as a result Mr Till has had to devote much time to additional duties which are normally undertaken by the Surveyor. There can be no doubt that the unspectacular but all important routine Public Health Inspections have suffered, and the full effect of this is hard to assess but the risks involved should be borne in mind.

Finally, may I express my appreciation of the help and encouragement I have received from the Council and, in particular, from the Chairman and Members of the Public Health Committee.

I have the honour to be,

Your obedient servant

W H M - to

Medical Officer of Health

April 1954

SECTION "A."

Natural and Social Conditions

AREA (in acres) 2,182. This ancient Borough is the natural centre of the agricultural community in North Cornwall and adjoining parts of Devon. It has important markets and some light industry.

POPULATION - The Registrar General has estimated the population for the mid-year 1953 to be 4,623 an increase of 86 in the population for the previous year. The "natural increase" in the population is the excess of births over deaths. In 1953 there were 38 fewer births than deaths.

DEATHS - The total number of deaths assigned to the Borough for the year was 95 compared with 67 in 1952. The crude death rate, based on the mid-year population was 20.54 compared with 14.76 in the previous year. The following table has been compiled for comparison with previous years:-

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1948	68	31	37	15.06
1949	70	37	33	16.03
1950	68	28	40	14.70
1951	70	33	37	15.50
1952	67	34	33	14.76
1953	95	40	55	20.54

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "area comparability factor" which has been estimated by the Registrar General as .77 for this Borough

The Standardised Death Rate, therefore, is 15.781 which may be compared with that of 11.4 for England and Wales.

BIRTHS

The number of live births assigned to this Borough was 57 compared with 60 in 1952. The rate per thousand of the population was 12.33. When the Registrar General's Area Comparability Factor for births (1.11) is applied to this figure, the Standardised Birth Rate of 13.69 for this Borough compares with 15.5 for England and Wales.

STILLBIRTHS - The number of still births during 1953 was 1.

ILLEGITIMATE BIRTHS - There were 3 illegitimate births assigned to the Borough during the year, compared with 2 in 1952. Shown as a proportion of the total number of live births this represents 5.3 per cent.

MATERNAL MORTALITY - No cases of death during pregnancy has been recorded. Indeed, no cases of deaths of this type have been recorded in the Borough during the last six years

INFANT MORTALITY - The number of infants who died before reaching their first birthday was N I L

NOTE: VITAL STATISTICS - It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

MORTALITY TABLE

Classified in accordance with 36 headings based on the Abbreviated List of the International Statistical Classifications of Diseases, Injuries and Causes of Death, 1948.

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	1	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	1	3	4
11. Malignant neoplasm, lung, bronchus	-	-	-
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	1	1	2
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	3	14	17
18. Coronary disease, angina	7	5	12
19. Hypertension with heart disease	-	3	3
20. Other heart disease	9	10	19
21. Other circulatory disease	2	1	2
22. Influenza	4	1	5
23. Pneumonia	1	2	3
24. Bronchitis	1	-	1
25. Other diseases of respiratory system	-	1	1
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	1	1	2
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	1	1	2
32. Other defined and ill-defined diseases	6	10	16
33. Motor vehicle accidents	-	-	-
34. All other accidents	-	-	-
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
	40	55	95

SECTION "B"

General Provisions of Health Services -----in Launceston Borough-----

GENERAL MEDICAL SERVICES

1. General Practitioners - The bulk of the population is provided with general medical services under Part 4 of the National Health Service Act, 1946 by the General Practitioners resident in the Borough.

Doctors Galbraith, Healey and Hart, The Surgery, Launceston
Doctor D.M.O'Connor, Castle Hill, Launceston.

Some Borough patients are cared for by doctors resident in adjoining districts.

2. Dental Practitioners - The following are resident in the district:

Messrs Hicks & Ridler, Church Stile, Launceston
Mr W.G.Mitchell, Broad Street, Launceston.

Adequate provisions are made in the town for pharmaceutical services.

MIDWIFERY AND HOME NURSING

Midwifery services in the district are provided by:

- (i) the family doctor - ante and post-natal care and home confinements.
- (ii) the County Council - district midwives.
- (iii) the Regional Hospital Board - hospitals for delivery and treatment.

The County Council provides nurse midwives who attend general nursing and midwifery cases in the home.

The Regional Hospital Board provides staff for an Ante-natal clinic held at the Castle Green for mothers who may be admitted to hospital on medical grounds for their confinement.

In 1952 Old Tree Maternity Home was opened and it is available for those mothers whose homes are considered unsuitable for domiciliary confinement. Trebarras Nursing Home, Liskeard is also still available for this purpose and in 1953 some Cornish patients were admitted to Tavistock Maternity Home.

HEALTH VISITING

The County Council continues to provide a Health Visiting

Service. The Health Visitor is specially trained in the care of the mother and young child. She is available to give advice on health matters in the home or at the Clinic. She also acts as school nurse.

HOME HELP SERVICE

The Home Help Service is provided by the County Council and the local Home Help Organiser, Mrs Gibson, is to be complimented on a valuable and efficient service.

AMBULANCE SERVICE

The County Council is responsible for the Ambulance service, the day to day administration of which is carried out from the Health Area Office. A whole-time paid service is provided during week days and this is supplemented by part-time personnel of the voluntary Organisations at night time and during weekends.

HOSPITAL CAR SERVICE.

Utilecon sitting case Ambulances are used for conveying the majority of sitting cases and when it is appropriate some such cases are carried by Hospital Car Service.

SCHOOL HEALTH

The County Council provides an extensive school health service. Your Medical Officer of Health in his capacity of School Medical Officer carries out routine and special examinations of the children and schools, and immunisation.

INFANT WELFARE CENTRE

A fortnightly Infant Welfare Clinic is held at the Castle Green, Launceston. Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

DENTAL CLINIC

A whole-time school dentist works from the County Council Dental Clinic in the Castle Green. This should, in time, overcome the results of the lack of a Dental Service for school children which was mentioned in my Report for 1951.

SPEECH THERAPY CLINIC

In my 1952 report I referred to the difficulty experienced in securing the appointment of a Speech Therapist for East Cornwall. An appointment was made in 1953 and Speech Therapy for school and pre-school children is held each Friday at the Castle Green, Launceston.

OPHTHALMIC CLINIC

The Regional Hospital Board Eye Specialists hold an Eye Clinic for school children and children under school age at the Health Area Office. This Clinic is arranged as and when a suitable number of children become available.

ORTHOPAEDIC CLINIC

Also provided by the Regional Hospital Board at the Castle Green, is an Orthopaedic Clinic held weekly.

OUT-PATIENTS' CLINICS

The Regional Hospital Board provides Out-Patients Clinics at the Launceston Hospital for Medical, Surgical, Gynaecological, Skin, Ear, Nose and Throat and Tuberculosis patients. A physiotherapy Clinic is available at the Tavistock and Holsworthy Hospitals. A psychiatric Clinic is held at the South Devon and East Cornwall Hospital, as is also a Venereal Diseases Clinic.

CHRONIC SICK - Accommodation is available for chronic sick cases at St. Mary's Hospital, Launceston and limited Part III accommodation is also provided there for those cases who come under the care of the Welfare Authority (Cornwall County Council).

HOSPITALS - The Borough is served by Launceston Hospital and patients are admitted to the following hospitals in Plymouth - Prince of Wales, Mount Gold, South Devon & East Cornwall, Royal Albert (Devonport), Alexandra Maternity Home and the Royal Eye Infirmary, the Scott Isolation Hospital admits cases of Infectious Diseases from the Borough. Cases of Tuberculosis requiring sanatorium treatment are, as a rule, admitted to Dilworthy Sanatorium.

MENTAL HEALTH - Patients from the Borough who require hospital care and/or treatment for mental illness are admitted either to St. Laurences Hospital, Bodmin, Lanvel House, Bodmin or Moorfields Hospital, Ivybridge.

Aftercare is a function of the Cornwall County Council.

LABORATORY FACILITIES - The Public Health Laboratory, Dix's Field, Exeter is the easiest of access from this Borough and it renders valuable service towards the detection and prevention of spread of diseases in the Borough.

At the end of 1953 a Public Health Laboratory was opened at Plymouth and this service should prove of value to this Borough.

SECTION "C"

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supplies

The source of the Borough's water supply is at Bray Down on Bodmin Moor. There is a large catchment area which is not subject to pollution and very ample supplies are available. The water is acid in character and this causes a deposit in the trunk main which is scraped at intervals in order to maintain the supply at the service reservoir. The water is treated with Chloramine and Silicate of Soda as it enters the service reservoir.

During the year, a Senior Engineering Inspector of the Ministry of Housing & Local Government, Mr A.N. Gardiner, carried out an investigation into the Borough's Water Supply. In his report, Mr Gardiner considered that a joint scheme with the Rural District Council would be best as a long term solution to the water supplies to the area. However, he realised that the Corporation's present works can continue to supply the Borough satisfactorily for a number of years. In view of the possible wastage he suggested that the Windmill Reservoir should be repaired as soon as possible and a Recording Meter installed on the outlet from the reservoir, so that accurate consumption figures can be obtained.

The hope was expressed that the Borough would agree to supply water in bulk to the Launceston Rural District Council, for the village of Lawhitton and would consider supplying water in bulk for the villages of Dawes House and South Petherwin, by an extension to the distribution mains in the Borough.

Samples - 2 were taken for chemical analysis and
4 for bacteriological analysis.
ALL were satisfactory.

1 sample of well-water was taken for
bacteriological and chemical analysis.
Satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

St. Leonards Sewage Works - This is an old sewage works which is quite incapable of dealing effectively with the present-day volume of sewage. The result is that sewage is incompletely treated and pollution of the River Tamar results. The Council is alive to the need for action and a report was submitted in 1952 by their Consulting Engineer recommending that a new sewage works should be constructed on an adjacent site.

Scarne Sewage Works - This works was constructed by Service Engineers during the war. It has now been taken over by the

Council and it is hoped that these works will be used to a greater extent when further housing development takes place. Reports of the effluent are satisfactory, but greater dillution is desirable and steps are being taken to obtain this improvement.

Repairs have been carried out to various parts of the sewers. The sewerage map has been found to be inaccurate.

All new drainage was tested by water or smoke. 37 such tests were carried out.

SWIMMING POOL

The Council has a pleasant and satisfactory fresh water swimming pool in the Coronation Park. An automatic Chlorination dosing unit has recently been fitted.

DISINFECTION

Concurrent and terminal disinfection by means of gaseous and liquid disinfectants is carried out in homes where certain infectious diseases are notified.

5 terminal disinfections were carried out (Formalin was employed).

DISINFESTATION

Disinfestation of premises is carried out when required. No cases of infestation by bed bugs received treatment during the year.

6 disinfestations were carried out during the year (all for fleas).

PUBLIC CLEANSING

Bi-weekly collections are made of household refuse and weekly collections of salvage and trade refuse. The side-loading principle is employed, together with the use of a trailer for salvage.

72 tons, 18 cwts, of waste paper were sent to the Mills during the year.

A fresh tipping face has been constructed at the Quarry.

RODENT CONTROL

Prevention of Damage by Pests Act, 1949

	<u>Type of property</u>				TOTAL
	Council	Dwel- lings	Agri- cultural	Busi- ness	
Total No. of properties in Borough	10	1533	10	262	1815
Inspection on complaint	1	41	2	21	65
Routine inspections	40	317	-	141	498
No. of properties found to be infested by rats:					
Major	1	-	-	-	1
Minor	2	37	2	26	67
No. of properties found to be infested by mice	-	31	-	14	45
Total No. of infested properties	3	68	2	40	113

6 Block Control Schemes were carried. No notices were served.

Poisons used: Arsenic - 7 ozs.
 Zinc Phosphide - 10 ozs.
 Warfarin - 7lbs. 5ozs.

All complaints were investigated by the Rodent Operator and routine inspections and test baiting were carried out at all likely sites of infestation.

SECTION "D"

Housing - Satisfactory progress is being maintained in that the Council's second post-war Housing Estate (Broad Park) consisting of 64 houses is nearing completion. The first post-war Housing Estate (Trecarrell) consists of 65 houses.

The Council has received a set back however in that their application for Planning approval for the proposed third post-war Estate (Scarne) consisting of 56 houses has been called in by the Minister of Housing, Local Government and Planning. There is, therefore, bound to be a delay between the finishing of Broad Park and the commencement of Scarne. If Planning permission is refused, then this delay must be considerable, as a suitable alternative site has yet to be found.

Slum Clearance - I dealt in detail with this subject in my Annual Report for 1952 and also submitted a Special Report on Slum Clearance to the Council. It was Resolved in principle to make a Redevelopment Area in the centre of the old town and consultations with the Planning Authority have taken place. A redevelopment committee has been appointed and the Housing and Public Health Committees are already "timing" rehousing with action in connection with insanitary property.

The task of Slum Clearance may well prove to be the biggest and most expensive undertaking so far tackled by the Council but it is beyond doubt the most essential at present.

Housing Statistics

A.	Houses completed during 1953	20
B.	Houses under construction on 31.12.53	22
C.	Total No. of post-war houses completed since 1945 - Permanent	107
	Temporary	40
D.	No. of applicants on Council's Housing List	150

Houses built by private enterprise

1.	Houses completed during 1953	8
B.	Houses under construction on 31.12.53	4
C.	Total number of post-war houses completed	36

Inspections of Dwelling Houses during the year

1.	(a)	No. of dwelling houses inspected for defects under Public Health or Housing Acts	108
	(b)	No. of inspections for the purpose	179
2.	(a)	No. of dwellings inspected and recorded under Housing Consolidated Regs. 1925/32	5
	(b)	No. of inspections for the purpose	9

- | | | |
|----|--------------------------------------------------------------------------------------------------------------|----|
| 3. | No. of dwellings found to be in a state dangerous or injurious to health as to be unfit for habitation | 4 |
| 4. | Dwellings (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation | 29 |

Defects remedied without the service of Formal Notices

- | | | |
|----|-------------------|-----|
| 1. | Housing Acts | NIL |
| 2. | Public Health Act | 11 |

ACTION UNDER STATUTORY POWERS

- | | | |
|----|---------------------------------------------------------------------------------|-----|
| 1. | Proceedings under Sections 9, 10 & 16 Housing Act: | |
| | (a) Notices served requiring repairs | NIL |
| | (b) Dwellings rendered fit following service of Notice | NIL |
| 2. | Proceedings under Public Health Act | |
| | (a) Notices served requiring defects to be remedied | NIL |
| | (b) Dwellings in which defects were remedied following service of Formal Notice | NIL |
| 3. | Proceedings under Sections 11 & 13 of Housing Act | 1 |
| 4. | Proceedings under Section 12, Housing Act, 1936 | |
| | (a) Separate tenements in respect of which Closing Orders were made | NIL |
| | (b) Separate tenements in respect of which Closing Orders were determined | NIL |
| 5. | Proceedings under Section 25 & 26 Housing Act | NIL |
| 6. | Miscellaneous Provisions Act, 1953 Closing Orders made under Section 10(1) | NIL |

NATIONAL ASSISTANCE ACT, 1948

No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health. The Medical Officer of Health is authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance (Amendment) Act 1951.

The type of case involved in such action comprises persons suffering from grave chronic diseases or, being aged infirm or physically incapacitated, ~~are~~ living in insanitary conditions and unable to devote themselves or obtain proper care and attention.

SECTION E

Inspection and Supervision of Food

MILK

There are 2 Registered Dairies and 5 Registered Distributors of Milk in the Borough.

19 Milk samples were taken for Bacteriological analysis:-

	<u>Pasteurised</u>	<u>Accredited</u>	<u>Ungraded</u>
No. of samples taken	8	6	5
No. failed test	-	2	-

ICE CREAM

There is one producer and 19 retailers in the Borough.

7 Ice-cream samples were taken for Bacteriological analysis:

5 were Grade I (Satisfactory)
1 was Grade II (Fair)
1 was Grade III (Unsatisfactory)

ROUTINE INSPECTIONS OF FOOD PREMISES

Type of Premises	No. in Area	Visits	Defects Found	Defects Remedied
Bakehouses	4	3	-	-
Butchers	11	33	-	-
Cafes	13	35	2	1
Dairies	2	12	-	-
Egg Packing Station	2	1	-	-
Fishmongers - Wet	2	3	-	-
Fried	3	8	-	-
Grocers	20	24	2	1
Ice Cream:				
Manufacturers	1	4	-	-
Retailers	20	10	1	-
Pork Butchers	2	13	1	1
Poulterers	2	1	-	-
Sweet Manufacturer	1	2	1	1

Section 14, Food & Drugs Act, 1938

28 premises are registered under the above.

UN SOUND FOOD

61 visits were made in order to condemn canned and other foodstuffs, which were destroyed at the Council's Refuse Tip.

CLEAN FOOD

Talks on Clean Food have been given by the Medical Officer of Health to many organisations in the town - most of these bodies have met for other purposes and thus "preaching to the converted" has been avoided as far as possible (e.g. Rotary Club, Womens Institute, Parent Teacher Associations, Young Farmers' Club, staff of Pork Butchers' Factories.

MEAT INSPECTION

Launceston Slaughterhouse

Further improvements effected during the year include:-

1. Provision of "star" crooks for hanging calves, sheep and pigs.
2. Fitting of gauze to all window openings.
3. Provision of a gas water heater, supplying boiling water.
4. Provision of a number of covered bins for the storage of inedible offal and the institution of a bi-weekly collection of same.

Unsatisfactory features which remain are:-

- (a) Ventilation of the slaughter-hall and the cooling hall is directly to the lairage on the south side of the buildings.
- (b) Existence of an untrapped blood-pit within the slaughter-hall and the absence of any effective means of preventing blood and fat gaining access to the sewer.
- (c) The walls and floor of the fat-house are in a defective and dilapidated condition.

The attention of the Ministry of Works has been drawn to the above-mentioned items and it is to be hoped that these defects will be remedied.

9 Slaughtermans' Licences were issued in the year.

The following animals were slaughtered at the Launceston Slaughterhouse:-

Type	No.killed	No.of entire Carcasses		T.B.
		Condemned	other than T.B.	
Cattle (not cows)	1445	5		11
Cows	462	17		11
Calves	2282	92		3
Sheep	5911	202		1
Pigs	2037	41		12

For details see TABLE V

DISEASES OF ANIMALS ACTS

A case of Swine Fever, diagnosed at the Slaughterhouse was subsequently confirmed by the Ministry's Veterinary Officer.

SECTION "F"

Prevalence of, and Control over, Infectious and other Diseases.

Smallpox - No case was reported during the year under review. It must, however, be remembered that an increasing number of persons who are incubating Smallpox arrive in this country and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or part-vaccinated person is a very real and alarming one and the vaccination figures for the Borough for 1953 (set out below) give no cause for complacency:

<u>Year</u>	<u>Vaccinated</u>	<u>Re-vaccinated</u>
1948	15	-
1949	45	-
1950	20	-
1951	37	10
1952	25	4
1953	51	7

Maximum publicity must be given to the advisability of parents having their babies vaccinated at about the age of 4 months, when primary vaccination carries the least risk of complications

DIPHTHERIA

No cases were recorded during the year. The number of children Immunised during 1953 was 60.

IMMUNISATION IN RELATION TO CHILD POPULATION

See Table VII

Immunisation is carried out at the Infant Welfare Centre, Castle Green, and also when required at School Medical Inspections. Application for immunisation can be made to the Cornwall County Health Visitor, or arrangements can be made with General Practitioners under the National Health Service Act 1946. It should be pointed out that although as a result of Immunisation very few cases of Diphtheria now occur, the disease itself is by no means a thing of the past. Carriers of the disease are frequently found and when they pass their infection on to unprotected children it usually takes a very severe form. Every effort must be made to persuade the parents of all children, especially babies, to have them protected by Immunisation as it is the level of immunity in the population as well which keeps the disease at bay.

MEASLES AND WHOOPING COUGH

Here again it is the level of immunity in the population that matters and the table below shows the notifications of Measles and Whooping Cough during the past 6 years.

	<u>Measles</u>	<u>Whooping Cough</u>
1948	1	20
1949	4	33
1950	-	13
1951	107	17
1952	1	-
1953	164	28

An effective Whooping Cough vaccine is now available and can be administered in combination with Diphtheria Prophylactic. It is very well worth while to have babies protected from Whooping Cough, a disease which while it seldom kills, frequently leaves chronic chest conditions which persist through life. This protection is afforded under the same arrangements as those described above for Diphtheria. It is best to start these injections under six months of age so that protection may be obtained from Whooping Cough at the age where this disease has the most serious effect.

ACUTE POLIOMYELITIS

No case was notified and the experience of the District over the last six years with regard to this infection has been very fortunate.

FOOD POISONING

No cases were notified.

TUBERCULOSIS

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non. Pul</u>	<u>Pul.</u>	<u>Non. Pul</u>
Cases on Regis- 31.12.52	15	5	8	5
No. of cases notified during the year	2	2	4	-
Cases restored	-	-	-	-
Inward transfers	3	-	-	-
Cases removed	2	1	2	3
Cases on reg- ister 31.12.53	18	4	11	2

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patient.

Out-patients and contacts are seen by the Chest Physician (Dr. Mellor) at the Chest Clinic at Launceston Hospital. The County Council Tuberculosis Health Visitor attends the Clinic, follows up the patients in their homes, traces contacts and sources of infection and thus acting as a most valuable and essential "liaison officer" between the curative and preventive services, bridges a most alarming administrative gap. It may be of interest to note that at the end of 1953 all susceptible contacts of known cases in the Borough had been offered B.C.G. Vaccination. By the end of 1953 103 persons had received this protection in Area No. 6.

It is proposed to offer B.C.G. Vaccination to all susceptible school children in the 14 year old group and the response from parents in the Borough has been excellent. I must stress, however, that useful though B.C.G. is, the ultimate victory against Tuberculosis is dependent upon the time-honoured preventive measures in which a good standard of living and sanitary housing must play a large part.

SECTION "G"

Prescribed Particulars on the Admini-
stration of the Factories Act, 1937
for the year 1953

FACTORIES ACTS, 1937 & 1948

	<u>Number</u>	<u>Inspections</u>	<u>Notices</u>
Factories without power	16	4	-
Factories with power	65	21	2
	81	25	2

DEFECTS FOUND & REMEDIED

Want of cleanliness (S.I.)	1
Inadequate washing facilities	2
	3

Classified List of Registered Factories as at 31.12.53.

<u>Nature of Business</u>	<u>Power</u>	<u>Non-Power</u>
Abattoir	1	-
Aerated Waters	1	-
Agricultural Implement Repairs	4	-
Boot repairs	3	-
Brush Manufacture	1	-
Cinema	1	-
Clock Repairs	3	-
Coach Building	1	-
Coach Painting	1	-
Concrete Block Manufacture	1	-
Dress Making	-	2
Egg Packing	2	-
Electrical Repairs	3	1
Food Manufacture	8	1
Gas works	1	-
Joinery	5	3
Laundry	2	-
Manure and Bone Crushing	1	-
Monumental Mason	-	1
Motor Repairs	14	1
Photography	1	-
Plumber	-	1
Printer	2	1
Provender	3	1
Radio Repairs	1	-
Rope Splicing	-	1

	<u>Power</u>	<u>Non-power</u>
Saddler	-	2
Sawmill	1	-
Seed dressing	2	-
Tailor	-	2
Tannery	1	-
Wool Grading	1	-
	<hr/>	
TOTAL	65	16
	<hr/>	

TABLE I

TUBERCULOSIS

Age and Sex Distribution of cases and
Deaths - 1953

<u>AGE GROUPS</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulmonary</u>		<u>Other</u>		<u>Pulmonary</u>		<u>Other</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	1	-	-	-	-	-	-	-
15 -	-	2	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	1	1	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	-	-	-	-	-	-	-
55 -	-	1	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II
VITAL STATISTICS
Summary for previous years

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
				Under 1 year		All ages	
		No.	Crude Rate	No.	Infant Mortality rate	No.	Crude Death Rate
1948	4515	67	14.83	1	14.92	68	15.06
1949	4635	59	12.72	1	16.95	70	16.03
1950	4624	62	13.408	NIL	NIL	68	14.70
1951	4516	36	7.97	1	27.77	70	15.50
1952	4537	60	13.22	NIL	NIL	67	14.76
1953	4623	57	12.33	NIL	NIL	95	20.54

TABLE III
Monthly Incidence of Notifiable Diseases
(Other than Tuberculosis)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	1	1
Whooping Cough	-	1	8	11	4	-	-	2	2	-	-	-	28
Measles	-	27	93	22	16	2	3	-	-	-	-	1	164
	-	28	101	33	20	2	3	2	2	-	-	2	193

TABLE IV

Notifications of Infectious Disease
in Cornwall County Council, Area 6
during 1953

	Whooping Cough		Measles		Scarlet Fever		Pneumonia		Diphtheria		Poliovmyelitis(paralytic)		Poliovmyelitis(non-paralytic)		Puerperal Pyrexia		Tuberculosis(pulmonary)		Tuberculosis(non-pulmonary)	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Launceston Borough	11	17	90	74	-	1	-	-	-	-	-	-	-	-	-	-	2	4	-	-
Launceston Rural District	6	4	104	133	-	1	1	-	-	1	-	-	-	-	-	-	-	2	1	-
Bude/Stratton Urban District	3	11	39	39	5	3	1	-	-	-	-	2	2	-	-	-	1	1	-	-
Stratton Rural District	2	6	50	35	5	2	4	-	-	-	2	-	-	-	-	1	1	-	-	-
Camelford Rural District	5	12	22	23	1	-	5	1	-	-	1	1	-	-	-	-	4	5	1	2
TOTALS	27	50	305	304	11	7	11	1	-	1	3	3	2	-	-	1	8	12	2	2

TABLE V

LAUNCESTON ABATTOIRCONDEMNATIONS

<u>ANIMALS</u>	<u>NO. KILLED & INSPECTED</u>	<u>DISEASES OTHER THAN TUBERCULOSIS</u>		<u>TUBERCULOSIS</u>	
		<u>ENTIRE CARCASSES</u>	<u>PART CARCASSES OR ORGANS</u>	<u>ENTIRE CARCASSES</u>	<u>PART CARCASSES OR ORGANS</u>
CATTLE NOT COWS	1,445	5 Acute Peritonitis with contamination Acute Pleurisy Oedema Septicaemia	463 Actinomycosis Cysticercus Bovis Redwater Injuries, Angioma & Parasites	11	10
COWS	462	17 Acute Pericarditis Emaciation with Oedema Multiple Injuries Multiple & severe bruising Oedema Septicaemia Septic Metritis	200 Actinomycosis Cysticercus Bovis Presternal Calcification Injuries, Angioma & Parasites	11	99
CALVES	2,282	52 Icterus Immaturity Moribund Multiple Bruising Multiple Injuries Jaemia Septicaemia	16 Contamination with pus Contaminated Injuries, Angioma & Parasites	3	-

SHEEP	5,911	202 Acute Peritonitis 3 Emaciation 2 Emaciation with Oedema 2 Immaturity 4 Moribund 2 Multiple Injuries 10 Oedema 79 Pyæmia 6 Septicæmia 91 Uraemia 3	701 Injury and Parasites 1	1
PIGS	2,037	41 Acute Enteritis 7 Acute Peritonitis 11 Acute Pleurisy & Peritonitis 5 Acute Pyelo & Nephritis 1 Emaciation 1 Moribund 1 Oedema 1 Pyæmia 3 Septicæmia 9 Swine Fever 1 Uraemia 1	52 Pneumonia & Injuries 12	12 198

TABLE VI

NUISANCE AND DEFECTS REMEDIED DURING THE YEAR

Statutory Notices served:

Public Health Act 1936, Section 79	1
Housing Act, 1936, Section 12	1

Informal Notices Served

Accumulation of Rubbish	1
Accumulation of Manure	1
Defective drainage	5
Defective Sanitary accommodation	3
General defects	2
Inadequate water supply	4
Obstructed drainage	9
Section 13, Food & Drugs Act, 1938	5

TOTAL NUMBER OF COMPLAINTS RECEIVED	66
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TOTAL NUMBER OF VISITS PAID	1528
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TABLE VIIIMMUNISATION IN RELATION TO CHILD POPULATION

Number of Children at 31st December 1953 who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January 1939).

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1 - 4 1952-1949	5 - 9 1948-1944	10-14 1943-1939	Under 15. Total
Last complete course of injections (whether primary or booster) A.1949-1953	9	181	115	62	367
B.1948 or earlier			90	30	120

